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VOLUME VI JANUARY-MARCH, 1931 NO. 1

JOURNAL

OF THE

Pan-Pacific Research Institution

A Periodical Record of Investigations Bearing on Problems of Food Production, Distribution, Conservation and Consumption, as well as on Public Health, and Race and Population Problems as Related to the Countries Bordering on the Pacific.

HEALTH LEGISLATION AND ADMINISTRATION IN THE DOMINION OF NEW ZEALAND

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A Paper Presented at the Second Pan-Pacific Women's Conference
Held in Honolulu, August, 1930,
Under the auspices of the Pan-Pacific Union

AT PRESENT PUBLISHED QUARTERLY AT HONOLULU, HAWAII
BY THE
PAN-PACIFIC UNION

More frequent publication as acceptable material is contributed.

Health Legislation and Administration in the Dominion of New Zealand

By *Mary Lambie,* Department of Public Health

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II. HEALTH ADMINISTRATION.

A. *Organizations Controlled and Financed by Government Departments.*

1. Health Department

The creation of a Public Health System in New Zealand dates back to 1872 when the first Public Health Act was placed on the Statute Book of the Colony. But as the population of the country increased the machinery of this Act and its amendment passed in 1876 became inadequate, consequently in 1900 an improved measure came into force. The most important features of this Act were the constitution of a Department of Public Health under the control of a Minister of the Crown, and the appointment of a Chief Health Officer and Sanitary Inspectors. During the subsequent years many changes occurred in the population of the Dominion and in its distribution, new facts in relation to preventive medicine came into being and it became increasingly evident that there was need for a clearer definition of the relative duties of the various bodies dealing with Health matters. These facts were some of the causes which led to the passing of the Health Act, 1920.

In the Health Act, 1920, the control of Health matters is vested in a Department of State known as the Department of Health, which is directed by a member of the Executive Council known as the Minister of Health.

To assist the Minister of Health, a Board of Health was appointed representing the Crown, the Health Department, the various local authorities, the Medical Profession, and the Sanitary Engineers to act as an advisory body and under certain conditions may exercise mandatory powers.

The Functions of the Department of Health are set out as follows:

a. The advising of local authorities in matters relating to public health.
b. The prevention, limitation and suppression of infectious and other diseases.
c. The promotion and carrying out of researches and investigations in relation to matters concerning public health, and prevention or treatment of disease.
d. The publication of reports, information and advice concerning public health.
e. The organization and control of medical, dental and nursing services so far as such services are paid for out of public moneys.
f. Generally the taking of all such steps as may be desirable to secure preparation, effective carrying out and coördination of measures conducive to the public health.

The staff of the Department include the Director-General of Health who is a Medical Practitioner with special qualifications in Sanitary Science, his Deputy who is similarly qualified, Directors of the Divisions of Public Hygiene, Hospitals, Nursing, Maternal and Infant Welfare, School Hygiene, Dental Hygiene and Maori Hygiene, and such number of Medical Officers of Health, Inspectors of Health, medical practitioners, Nurses, and other officers as may be required. The Divisional Directors at Headquarters, work through and with the Medical Officers of Health.

The Dominion is divided into six Health districts, each of which is under the charge of a Medical Officer of Health who must be a medical practitioner with special qualifications in sanitary science. These officers are responsible for the due observance of all enactments and regulations relating to public health, and act as advisers of the local governing bodies in matters affecting public health.

They undertake personal directions relating to quarantine, infectious diseases, housing, water supplies, drainage, the provision of pure food, etc., and exercise in general control and supervision over all other branches of Departmental activity.

The work of the various Divisions of the Department may now be touched in more detail:

a. *The Division of Public Hygiene.*

The functions of this division include the supervision of those activities which relate to public health in the more restricted sense of that term, viz.: Public water supplies, drainage and refuse removal, housing, notification and control of infectious diseases and industrial diseases, quarantine, the purity of food and drugs, and control of offensive trades. While

the Health Act throws on the local governing bodies, the responsibility of providing health services, it recognizes that these bodies in a young growing country such as New Zealand are for the greater part not yet strong enough to provide all the machinery required for securing the best results. For this reason the Medical Officers of the Health Department stationed in the various large Health Districts act as advisers of the local bodies although not actually their Officers. Certain duties remain wholly under the control of the Health Department. These duties are chiefly the notification and control of infectious diseases, the quarantine of overseas ships and securing the purity of foods and drugs. It is thought that these matters should remain in the control of the Central Department until the population of the country so increases that they may be economically administered by the local authorities.

Infectious and contagious diseases: The Health Act deals specifically with three classes of disease in regard to which medical practitioners and others have certain duties. These classes are:

Notifiable Infectious Diseases.
Non-Notifiable Infectious Diseases.
Notifiable Non-Infectious Diseases.

A Schedule of these different classes is gazetted and can be altered from time to time by the Governor-General in Council.

In regard to notifiable infectious disease, the duty of notification of its occurrence rests on the Medical Practitioner, a fee being payable thereon. If there is no medical attendant the occupier of the premises is required to notify if he suspects the presence of infectious diseases in any occupant of the place. Power to enter premises on suspicion of the existence of notifiable disease is given to the Medical Officer of Health, who may order the removal of the patient to a hospital. In regard to all infectious disease the Act provides penalties against those who do not take due precaution to prevent the spread of the disease.

Extension regulations have been gazetted for the conservation and promotion of public health. Under these regulations the duties of medical practitioners, Inspectors of Health, and Undertakers are defined in regard to notifications, and the measures to be taken by medical men by local authorities in the event of outbreaks of certain diseases and the occurrences of epidemics are set out.

Quarantines: Power is given to proclaim places of inspection quarantine grounds and quarantine stations. Quarantine stations have been established at the chief ports of entry. All ships arriving from overseas are liable to quarantine and also every ship, on board which any infectious disease or suspected infectious disease has broken out, or been discovered, which has arrived from any infected place in New Zealand or other country.

Food and Drugs: The sale of foods and drugs and their inspection is dealt with under the Sale of Food and Drugs Act and the Health Act. This Act provides for the analysis by the public analyst of any article of food or drink or of any drug which may be sold, offered for sale, or exposed for sale, or for inspection of any place where there is any food or drug intended for sale. Stringent regulations are provided for the prevention of adulteration of food, drink or drugs and for the inspection of places where such things are manufactured and packed.

b. *The Division of Hospitals.*

The Division of Hospitals is concerned with the administration of the Hospitals and Charitable Institutions Act. The staff consists of a Director and such number of assistant Inspectors as enable adequate inspection of the buildings and close supervision of the conduct and business management of the institutions. The New Zealand Hospital system will be dealt with in another section.

c. *The Division of Nursing.*

This Division is under the control of a Director who is herself a registered nurse and midwife. Its functions are to exercise a general supervision over all measures relating to the training, examination and registration of nurses, midwives and maternity nurses. This necessitates frequent visits of inspection to all types of Training Schools in addition to a general oversight of the nursing staff of these Institutions.

The training and registration of nurses, midwives and maternity nurses is governed by the Nurses and Midwives Registration Act, October, 1925. This Act provides for a Board consisting of the Director-General of Health or his Deputy, the Director of the Division of Nursing (who is Registrar of the Board) a registered medical practitioner, a registered nurse and a registered midwife; the last two to be appointed by the New Zealand Trained Nurses Association or a similar body.

There are at present 36 Training Schools for Nurses. These are all public hospitals which undergo frequent and regular inspections by officers of the Department of Health. At present there are 6,596 nurses on the New Zealand Register who have completed a three years' training and passed the State Registration Examination.

In the same way definite requirements are laid down as to the course of training both theoretical and practical to be undergone by maternity nurses and midwives before they can sit for the State Registration Examination.

The length of training for an untrained woman as a maternity nurse is one year. To become a midwife, she must practice as a maternity nurse for a year witnessing twelve cases and then return to a training school for an additional four months.

For a nurse who has her general training, the length of training is six months to qualify as a maternity nurse, or eight months to qualify as a midwife. At present there are 2,881 Midwives and 1,169 Maternity Nurses on the Register.

Post Graduate Nursing: Education is also assisted by this Division in the conduct of a Nurses Post Graduate Course which is held annually in conjunction with Victoria University College, N. Z. University for the training of nurses in Hospital Administration and teaching and Public Health Nursing in addition to Refresher Courses which are arranged for nurses interested in these subjects as well as for those engaged in maternity work.

The Director of this Division is directly responsible for the staffing and control of all nurses in the employ of this Department which includes Nurse Inspectors, District Nurses for the Maoris, and all Hospitals governed by the State, i.e., the seven State maternity hospitals, two Sanatoria in the North Island, King George V. Hospital at Rotorua and the Neuropathic Hospital at Hanmer, besides arranging the Nursing staff for the Hospital at Samoa and the Cottage Hospitals in the Cook Islands controlled by the Government Department of External Affairs. As the Director is also the Matron-in-Chief of the Army Nursing Service, the duty of arranging Nursing Sisters for all military camps is carried out by this Division as well as maintaining the register of the Army Nursing Reserve.

d. *The Division of Maternal and Infant Welfare.*

Maternal and Infant Welfare work in New Zealand is founded on coöperation between the Department of Health, the Hospital Boards of the Dominion, the medical profession and a voluntary organization known as the Royal New Zealand Society for the Health of Women and Children, or to give it its more familiar name, the Plunket Society.

A consulting obstetrician, Dr. Jellett, acts in an advisory capacity in regard to the training of Maternity Nurses and Midwives, the conduct of Maternity Hospitals and other various problems of maternity. An Inspector of Hospitals who works in close coöperation with the Consulting Obstetrician is concerned with the inspection of Private Hospitals, particularly in regard to methods of technique in maternity work and the prevention of puerperal sepsis. This same officer also undertakes the inspection of the State Maternity Hospitals and the many public maternity hospitals or maternity wards, under the control of the Hospital Boards.

The Medical Officers of Health exercise a general supervision over the work of midwives through their staff of Nurse Inspectors, and with their assistance and that of the Inspector of Hospitals keep a close control over the conduct of the many private Hospitals in the Dominion.

The State administers and maintains seven maternity hospitals in the larger towns of the Dominion known as *St. Helen's Hospitals* with the Ante-Natal clinics held in conjunction with them. These are designed not only to ensure facilities for training midwives and maternity nurses, but also to provide skilled assistants for wives of working men at the moderate fee of 30/- per week or £1 for ten days' attendance as a district case.

Each Institution is in charge of a Matron who is a generally trained nurse with special training and experience in midwifery with a staff of Sisters similarly qualified. A part-time private practitioner is in attendance daily. The total number of deliveries at St. Helen's Hospitals last year was roughly 2,400 with a mortality rate of 2.1 per 1000 deliveries, proving the excellent work being done in these hospitals. *The total number of Maternity Hospitals in the Dominion is:*

7 State maternity hospitals.
59 Maternity hospitals or maternity wards attached to public hospitals.
212 Private maternity hospitals.

Roughly out of 28,000 births in New Zealand last year 16,700 took place in maternity hospitals.

Ante-Natal clinics are steadily increasing in number and what is more satisfactory still, the number of attendances at each clinic is increasing as well as the number of visits per patient. These clinics are entirely free of charge. A feature of their work is the supplying of sterilized maternity outfits for patients who are going to be confined in their own homes, the number of these outfits being supplied is also on the increase emphasizing the regard being paid to a more general acceptance of asepsis in obstetric practice.

In view of the fact that maternal mortality in rural districts compares unfavorably with that in urban districts particularly as regards eclampsia, the need of the extension of these clinics as an organized method of giving systematic and skilled Ante-natal care to expectant mothers is necessary.

Total No. of Ante-natal Clinics—22.
Total No. of attendance last year—20,740.

It is gratifying to note that a definite improvement has been recorded in the last few years in which Ante-natal clinics have been established and other steps taken to ensure healthy children being born.

Most countries of the world during recent years have become alive to the great problem

of maternal mortality and morbidity, and looking for a lead as to what methods provide the best solution their eyes are naturally turned to those Scandanavian countries—Holland and Denmark—where the mortality rates are the lowest in the world. There practically all normal labors are conducted by Midwives so that you find Dr. Jellett, the well-known obstetrician, stating in his last annual report to the Director-General of Health of New Zealand: "That the time is coming if it has not already come, to consider if the interests of the public and of the medical profession will not be best served by handing over the management of normal labor to Midwives. By so doing it may be possible to ensure that the wholly underpaid obstetrical work of the medical profession will, at any rate be directed into the channels in which it is essential, to the exclusion of those in which it is not."

Among the recommendations of the recent Commission of Enquiry held in England regarding a National Maternity Service are ones to the effect that adequate ante-natal and post-natal medical supervision should be obtained for every mother with the conduction of normal labor by adequately trained midwives under medical supervision who must be referred to where abnormalities arise.

It is to such a scheme that Dr. Jellett refers. As a means of further safeguarding the mother and baby, additional attention is to be paid in New Zealand to the training of medical students. The Government of New Zealand have given £50,000 to build a new up-to-date Obstetric Hospital in Dunedin attached to the Medical School which is situated in that town. To ensure that the staffing of this Department in the University has sufficient funds to obtain the best man possible for the Professorship, which will be vacant this year owing to the retirement of the present Professor, the women of New Zealand have made an urgent appeal to the general public and obtained the sum of £40,000, which, carrying a Government subsidy of pound for pound, will provide a sufficiently large sum to endow this Chair.

Thus it is hoped with the training of doctors, midwives and maternity nurses being improved, the adequate inspection of maternity work and the extension of the ante-natal service, the results will be such that will bring the maternal statistical rate of New Zealand into line with that of our infantile statistical rate.

Maternity Allowances. The National Provident Fund provides a payment of £6 to any member of the fund of at least 12 months standing upon the birth of a child to such member. This payment is made from a special Government grant for this purpose. No part of the cost of the maternity allowance is borne by the contributor himself. Maternity allowances are granted by the Government to members of any approved Friendly Society on approximately the same conditions as to members of the Provident Fund.

e. *Division of School Hygiene.*

School medical work in New Zealand is carried out by the Division of School Hygiene which is responsible for the supervision of all measures for safeguarding the health of school children and for ensuring a satisfactory environment at school.

The Service aims at securing for each child three complete physical examinations during his school life, but special examinations are carried out when parents, teachers or the School Medical Officers consider them necessary. Children found to be suffering from defects are kept under observation until the necessary treatment is obtained. It is recognized that medical treatment must be available for every child in need of it and that adequate provision must be made for the ill-nourished and neglected. Mentally backward and feeble-minded children are given special consideration, arrangements being made for their entrance to special schools, special classes, or other institutions as circumstances indicate. The work of the service is also being extended to include the examination of the pre-school child, all children attending free Kindergartens being medically examined when possible.

The School Medical Service works in close coöperation with the Child Welfare Branch of the Education Department and it also coöperates with the officers of this Department in the supervision of school buildings and sanitation. Though all newer schools make special provision for ventilation, there has been in recent years a strong movement in favor of open-air schools and many of the recently erected buildings are of that type.

School Medical Officers are responsible for the medical examination of all candidates for entrance to the teaching profession. Until 1926 the work of the Division was confined to the State primary schools comprising approximately some 300,000 pupils, but as the result of the Medical examination of entrant teachers indicated the desirability of examining candidates and giving vocational guidance at an earlier stage of their educational career arrangements have been made by which all applicants to the teaching profession are examined one or two years before the termination of their secondary school life. By this means unsuitable candidates are rejected when they are able to devote themselves to preparing for another means of livelihood.

The results of examination have amply demonstrated the necessity of the work of inspection. Though it has been clearly shown that the average of defect found in New Zealand children is less than in countries of older civilization, still there is a great deal to be achieved and the work of the service is essentially preventive and educational. This latter is particularly important as the object is to instruct the pupil while at his most impressionable age, as to the essential principle of correct living. Many thousands of pamphlets giving

advice in simple language on health topics are distributed annually and many popular lectures on health matters are given by the School Medical Officers and nurses in various districts to teachers, parents and children.

If defects are found the practice of the School Medical Officer is to notify the parents of their existence, the choice of medical attendants being left entirely to the parents. If the parents are unable for financial reasons or are too apathetic to obtain the necessary advice and treatment, it is the duty of the School Medical Service to see that it is carried out. A great number of operations for minor defects are carried out at the public hospitals throughout New Zealand. When the parent, either from home ties or physical disability is unable to take the child to the hospital for necessary treatment the School Nurse is available for undertaking this duty. In cities the percentage of treatment obtained is from 80% to 90% of the number recommended for it, but in the country where facilities are fewer it is much less.

It is the aim of the Service to secure the interest and coöperation of the parents, as it is realized that only in this way can the work be made effective. In pursuit of this aim, parents are invited to be present at the examination of their children, an opportunity of which the majority avail themselves gladly.

Nutrition Classes and Health Camps. For the benefit of children suffering from subnormal nutrition special classes have been established at several schools. The daily régime for children in these classes is supervised, special attention being given to the character of the food, the amount of rest taken, the time spent out of doors, etc.

A successful feature of the work for the benefit of delicate and undernourished children has been the holding of annual Health Camps. The great improvement in physical and mental vitality of the children attending such camps affords evidence of their value.

Goitre Prevention. It was realized some years ago that goitre was unduly prevalent in some parts of New Zealand, and to the School Medical Officers was entrusted the duty of carrying out a survey throughout New Zealand, in order to ascertain the distribution of the disease; the Professor of Preventive Medicine, Otago Medical School, acting in coöperation. In the schools of those areas where goitre was found to be endemic preventive and curative treatment was inaugurated, with beneficial results. Iodized salt is now available for use in these endemic areas, and children in other areas who suffer from goitre are to be referred to their own medical advisers.

The Control of Infectious Disease in the school is also a matter for which the school medical officer has to assume responsibility. This entails much routine work in close coöperation with the Medical Officer of Health.

The School Medical Officers in the course of their duties have made special studies of various aspects of child welfare as follows:

An enquiry into the condition of rural school children.

An enquiry into the incidence of tuberculosis among children of New Zealand.

An investigation into the physical growth and mental attainment of New Zealand school children was carried out in coöperation with the Education Department.

The following figures cover the work of this Division last year:

Number of School Medical Officers (full time)	12
Number of School Medical Officers (part time)	2
Number of School Nurses	32
Number of schools inspected	1,563
Number of notifications sent to parents	46,363
Number of parents interviewed	11,876
Number of children examined	107,689
Number of visits paid to homes by Nurses	15,019

f. *The Division of Dental Hygiene.*

This Division undertakes the dental treatment of school children. It has as its Director a registered dentist and is staffed by dental surgeons mostly on the administrative and instructional side, and by dental nurses. The latter are specially trained by the Department to undertake the treatment of children's teeth. Their training covers a period of two years' intensive study, specially adapted for the work they have to perform.

After qualifying they are appointed to take charge of the School Dental Clinics estabtion of State Dental Nurses to service under the Department of Health. Each Dental Clinic serves a certain group of schools and the duty of the dental nurse is to render the younger children of these schools dentally fit as far as possible and maintain them in that condition. The treatment is largely standardized, the work of the dental nurse being limited to the treatment and filling of diciduous teeth, the filling of permanent teeth when the pulp is not involved, extraction with local anaesthetics and prophylactic treatment. The work is organized on certain definite lines and both the operative work and the organization are subject to frequent inspections by the supervising dentists.

In attacking the problem of dental caries the policy of the Department is a preventive one. In order to prevent the development of extensive dental caries all efforts are in the first place concentrated on the youngest children in the schools, that is to say, on the children in the infant classes, whose ages are from 5 to 8 years. These children are then kept under

dental observation as they progress through the school being re-examined as far as possible every six months. Whenever the written consent of the parents is given, the attendance of the children at this clinic is a matter of school routine. The attendance of children under school age, that is from 2½ years to 5 years, is encouraged. It enables the operators to detect and remedy the defects earlier and it has the great advantage of bringing the dental nurses in contact with the parents.

Additionally a great deal of propaganda work is carried out in the form of leaflets, colored posters, children's stories and exhibits.

The Dental Service was only inaugurated in 1921, and its growth has been exceedingly rapid though it would have been greater but for the fact that only thirty nurses can be released from the Training School each year, and there are always some depletions from the Service in addition to the new clinics to staff.

The figures for the last year are:

Number of registered dental officers	8
Number of dental nurses	74
Number of dental clinics	86
Total number of operations including fillings and extractions	322,610

g. *Division of Maori Hygiene.*

This Division, which has as its Director a registered medical practitioner of Maori blood, possesses expert knowledge of the language and customs of the Maori race.

Its functions are to advise and assist medical Officers of Health in their work amongst the Maori people and generally to supervise all measures aimed at promoting the welfare of this section of the community. The Director of the Division supervises and directs the work of the Maori Health Councils. The Medical Officers of Health are responsible for the state of health of Maoris living in the Health District over which they have charge. They keep in close touch with the Maoris by means of their ordinary staff of Health Inspectors and District Nurses also through part-time Medical practitioners who are subsidized to treat indigent Maoris, in districts where they are numerous.

Maori Health Councils were inaugurated to act in an advisory manner with respect to matters relating to the Health of the Maori inhabitants of the district and shall have such powers and duties in this relation as may be approved by the Director-General of Health. Every Health Council may (with the approval of the Department of Health) direct that any village Committee appointed shall carry out such sanitary works and enforce such by-laws relating to health and sanitation as the Health Councils may specify. Any moneys provided for such work may be subsidized at a rate not exceeding pound for pound by the Government.

The North Island is divided into 20 Maori Council districts and the South Island into 4. Each district has a council consisting of seven members of the Maori race. Each and every settlement within such a district has its Village Committee consisting of not more than five and not less than three members of each settlement. These Committees have definite statutory powers and work under their respective by-laws under the jurisdiction of the Maori Council.

This system constitutes a most valuable organization in the event of infectious disease or other difficulties arising.

Medical Treatment and Care of the Maoris. The Government accepts first responsibility for the extra institutional care and treatment for the Maoris and for this purpose have a staff of District Nurses placed at various stations throughout the North Island wherever the community of a district contains a large percentage of the race. To assist these Nurses in their contact with the Natives, i.e., to understand their customs and language (English is now very general, though old people will be found who do not understand it), the majority of these Nurses have a Maori assistant who lives with them; in some cases the Nurses themselves are educated Maori girls who have their General and Midwifery Certificates.

The District Nurse's work lies in supervising the pas or villages within her district as to their general sanitation, whether there is any sickness and giving bedside care to cases not suitable for Institutions. In addition she supervises the health of the school children, carries out typhoid inoculation campaigns and acts as a health educator among the race. Close touch is thus maintained by these personal visits and by the use of propaganda material in the form of leaflets in their own language and in English dealing with such subjects as the feeding of infants, preventive treatment of typhoid, tuberculosis, scabies, etc., which are circulated freely. Natives who require institutional treatment are admitted to the Public Hospitals in the ordinary way. They have, however, an inherent dislike of hospitals and if it had not been for the very fine work of these District Nurses who have such a large influence over them, the health of the race would not be what it is today. For instance, typhoid fever used to be one of the worst scourges of the Maori race, but now, due to improved sanitary conditions, the installation of public water supplies, the widespread adoption of inoculation of anti-typhoid vaccine and the necessary supervision, a wonderful improvement has been brought about and the widespread outbreaks of the past are now almost unknown.

The Maori is acknowledged to be the finest section of the Polynesian races in both physique, intelligence and character. The result of their first contact with Western civilization was deterioration and progressive shrinkage of population. However, as a result of

the steady improvement in sanitary conditions and personal hygiene the death rate has largely decreased and the Maori health improved. A steady increase in the Maori population has been shown for the last decade.

2. MENTAL HOSPITALS DEPARTMENT.

The Mental Hospitals Department is a separate State Department under the control of a Minister of the Crown who at present is the Honorable Minister of Health.

The chief administrative officer is the Director-General of Mental Hospitals who is a registered medical practitioner with special qualifications and experience in psychiatry. Under the Director is his Deputy with similar qualifications and experience and such Superintendents of Institutions as may be required with special qualifications, in addition to medical officers, nurses, attendants, etc., as are necessary to carry on the work of the Department effectively.

There are seven Public Hospitals (Mental) in the Dominion maintained wholly or in part out of the public revenue. There is also one Private Hospital licensed for the reception of the mentally afflicted.

The number of patients at the end of 1927 was 5,673 consisting of 3,147 males and 2,526 females.

Voluntary Inmates. Persons laboring under mental defect but capable of understanding the meaning of the procedure may seek admission to a mental hospital as voluntary boarders. If a voluntary boarder should, after admission, show mental defect sufficiently pronounced and sustained to render it improper to classify him any longer as such, application for reception order is made to a Magistrate.

Committal of Patients to Mental Hospitals. By an amendment to the Act under which these Hospitals are administered, patients may now be admitted to a Mental Hospital in the following manner: The patient is examined by two Medical Practitioners who give medical certificates to the effect that the patient is now suitable for a Mental Hospital. A relative then makes application to the Medical Superintendent for admission of the patient. Within 24 hours of the arrival of the patient at the Mental Hospital the Medical Superintendent must furnish the Local Magistrate with a report on the mental condition of the patient and whether he thinks the patient should be committed or not. The Magistrate then visits the patient and signs the order of committal. This procedure saves the patient being taken near a Court to obtain the approval of a Magistrate before his committal and does away with that association of the Mental Hospital with a Court and Prison in the patient's mind.

Psychiatric Clinics. To aid as diagnosing and observation centres Clinics have been established at the Out-Patients Departments of the Christchurch, Dunedin, Auckland and Wellington General Hospitals.

These clinics are staffed by visiting specialists from the Mental Hospitals and are used as a consulting centre by private medical practitioners as well as for patients and their friends coming voluntarily for advice; in addition discharged patients from the Mental Hospitals may report there for observation purposes.

Mental Defectives. In 1928 an Amendment to the Mental Defectives Act the definition of the term "Mentally Defective Person" was amended to include—Persons socially defective —that is, persons who suffer from mental deficiency associated with anti-social conduct, and who by reason of such mental deficiency and conduct require surpervision for their own protection and in the public interest.

Further, a Special Board was set up which will be concerned with promoting the welfare of such mentally defective persons as are not classified either as "Persons of unsound mind," or "Persons mentally infirm," in accordance with the new definition of the term "mentally defective person."

The Board consists of the Director-General of Mental Hospitals and Chairman of the Board, the Director-General of Health, the Director of Education, the Controller of Prisons. A medical officer on the staff of the Mental Hospitals Department to be appointed on the ground that he is possessed of special psychiatric training and experience; two other members at least one of whom shall be a woman.

The Functions of the Board shall be:

a. To cause to be compiled a register containing the names of all mentally defective persons in New Zealand who not being persons of unsound mind or persons mentally infirm may in the opinion of the Board be classified under the principal Act as "idiots" or "imbeciles" or "feeble-minded" or "epileptics" or "socially defective."

b. To secure that proper provision is made for the supervision of persons whose names are for the time being on the register and where any such persons are detailned in institutions under the principal Act, to assist in such manner as to the Board seems fit in the conduct of such institutions in the best interests of the inmates.

c. To hold inquiry from time to time with reference to the mental state and circumstances of all persons whose names are duly submitted to it for purposes of such inquiry, and to determine in respect of such person whether or not his name should be placed on the register.

d. To hold such other inquiries to give all such other decisions, awards, determinations, recommendations and consents and do all such other acts and things as are by this Act provided for as may be otherwise lawfully required of it or as may in its opinion be necessary for the effective administration of the principal Act and this Act.

e. To make provision for the establishment and conduct of such psychological clinics as may be necessary for the purposes of this Act, each such clinic being under the immediate direction of a qualified psychiatrist.

Various other provisions are made by this Act such as the manner in which names are to be forwarded for placement on the register, the right of appeal to any registration, and the establishment of special institutions to be used exclusively for registered persons.

3. THE EDUCATION DEPARTMENT.

The Child Welfare Act of 1925 provided for the creation of a special branch of the Education Department to be known as the *Child Welfare Branch.* The Act was passed to make better provision with respect to the maintenance, care and control of children who are specially under the protection of the State and to provide generally for the protection and training of indigent, neglected and delinquent children.

One section of the work of this Division may be considered under this *Health Section* report, that of *Infant Life Protection.* The work is carried out under the supervision of trained nurses who are fully qualified in the care and feeding of infants and young children. A great many infants dealt with under this system are illegitimate. In order to provide for the greater protection of infants of unmarried mothers and for the assistance and guidance of the mothers themselves, there is provision for Child Welfare Officers, on being notified of such births, to investigate each case and to render such assistance as is required, either in placing the child in a suitable foster-home or in advising the mother in the matter of affiliation proceedings or in assisting her in obtaining employment, etc.

In addition, the officers of this section supervise all infants and young children under the age of 6 years, who are living apart from their parents, and make inquiry for the information of Magistrates of all applicants for the adoption of children and for widows' pensions.

B.

Organizations Controlled and Financed by Local Authorities With Government Subsidy and Supervision.

1. HOSPITAL BOARDS.

The Hospital system of New Zealand presents some unique features and for this reason the detailed survey which follows may prove of interest.

The early history of the hospital system of New Zealand is obscure. It is known, however, that some institutions were maintained entirely by the Government, whilst others were given subsidies ranging up to pound for pound and even higher on voluntary contributions. In 1884 there is record of fifteen hospitals maintained entirely by the Government at an annual cost of £43,639 and twenty-two receiving subsidies to the extent of £10,531. In the Hospitals Act of 1885 Hospital Districts were constituted and the system of local control was thus established, apparently for the first time. Under this Act money raised by levy, whether for capital or for maintenance purposes, carried a Government subsidy of pound for pound. A definite weakness of the 1885 Act, however, was the fact that there were several bodies dealing with hospitals and charitable aid matters in the same district.

The Hospitals and Charitable Institutions Act, 1909. The Act of 1909, a much needed reform, was passed after a parochial but natural opposition on the part of those bodies who were superseded. This Act which set up one Hospital and Charitable Aid Board for each district was amended from time to time and finally consolidated in 1926.

Hospital Districts. At present the Dominion is divided into 45 hospital districts. Each district is controlled by a Board of not more than 20 nor less than 8 members who are elected by the Hospital District, i. e., Borough Councils, Town Boards, County Councils, and Road Boards or a combination thereof.

The representation of a Board is apportioned to a mean between the population and the value of the rateable property in the contributory district.

The representatives of a contributory district retire at every general election of the local authorities of that district and their places are filled by an election held at the same time as such election. In the case of combined districts, the election is held on the date of the election of the principal local authority. The Chairman of the Board holds office for two years certain tenure.

Functions of Hospital Boards. Subject to inspection and a modicum of Government control, a board is responsible (a) for the management of hospitals and outdoor medical nursing service and (b) for the administration of charitable relief.

In the larger districts a Board is provided with:

A base hospital.
An infectious diseases hospital.
Annexes or ward for consumptive patients, incurable stages.
A consumptive sanatorium.
Incipient mental wards.
An old people's home.
A maternity ward or hospital.
Secondary hospitals.
Cottage hospitals, and
District nurses and midwives.

The Act provides that Boards may unite to establish institutions. This has been done more particularly in the case of sanatoria for patients suffering from tuberculosis as few Boards are large enough to maintain a sanatorium for their own district.

The District Nurse is a most important adjunct to the New Zealand Hospital system. For the most part these nurses are sent to the more remote country districts where their services as nurses and midwives are much sought. It is by means of the services of such officers that it is hoped to bring the backblocks more in touch with the hospital system of which the District Nurse is the outpost. Cottages are provided for these nurses, not only for them to live in, but with an extra room or so which can be used for maternity cases, or in which emergency cases can be treated until they can with safety be forwarded to the secondary or base hospital of the district.

Revenue. The revenue of Boards is derived from (a) payments by persons relieved (roughly one-fourth of the hospital expenditure); (b) voluntary contributions (roughly one twenty-fifth). The resulting deficit, (roughly three-quarters of the expenditure) is raised by means of (c) a levy on the contributing local authorities, and (d) a Government subsidy thereon. In addition to the above, there are a few hospitals which are possessed of small endowments.

Levies. The Hospital Board has no power to strike a rate though the levy struck by the Board constitutes a debt payable by the corporation of the authority to the Board and may be recovered in court. If any local authority considers the levy excessive it has the right to appeal to the Minister in charge of the Department who may cause a commission to be set up to enquire into the circumstances and report to the Minister whose decision is final.

The local authorities may pay the levy out of their ordinary revenue or strike a special hospital rate. At the commencement of each financial year a Board makes its estimates of expenditure and after deducting therefrom all its estimated revenue, e. g., rents from endowments, patients, voluntary contributions and subsidies thereon, raises the remaining balance by means of a levy on the contributory local authorities and Government subsidy thereon. The Minister's approval is required to the estimates.

Subsidies. Government subsidies are now granted at the rate of: £1 for every £1 of voluntary contributions including devises and bequests; £1 for every £1 levied on the contributing local authorities to meet capital expenditure; on a scale averaging £1 for every £1 levied on the contributory authorities to meet expenditure other than capital expenditure.

It will be seen from the above that the Government pays half of the deficit in the Hospital Budget before voluntary contributions are taken into account, whilst the rates pay the other half, after voluntary contributions and subsidy thereon are taken into account. It is to be ratepayers' interest, therefore, that voluntary contributions should be as high as possible but it makes no difference one way or another to the Consolidated Fund.

Every claim for subsidy must be accompanied by a statutory declaration made by the Chairman of the Board verifying a statement of all material particulars and the Board's accounts are audited by the Government Auditors.

The granting of subsidy is at the discretion of the Minister, and, though this discretion has been freely used in regard to voluntary contributions, subsidy has never been curtailed on levies or local authorities for maintenance purposes.

Patients Payments. Most of the Boards have adopted a uniform fee of 9/- per diem for adults with 4/6 for children and for members of Friendly Societies where lodges guarantee their fees, reducing on writing off the charge in the case of those who are unable to pay. In some cases of the larger hospitals where many specialized departments are now at the service of the patients it has been found necessary to increase this fee to 12/- per diem and 6/- for children.

Departmental Control. Hospitals are administered by the Department of Health under the direction of the Minister of Health with the Director-General of Health as the chief

executive officer. This officer is assisted as regards hospitals by the Director of Hospitals, the Director of the Division of Nursing, Inspecting Accounts, Inspecting House Manager, Technical (i.e., Architectural), Inspectors, etc.

The Department has considerable powers in respect of inspection both of institutions and of books and offices.

The Director-General can also direct Boards to erect institutions where he considers them necessary and to make all requisite provision for the sick and needy. No capital expenditure exceeding £250 in amount can be undertaken by a Board without Ministerial approval.

So far as possible the Department acts in an advising capacity only exercising its prerogative where it is evident that grave abuses are intended or have taken place.

There has been a steady increase in the use made of the public hospitals by the general public partly due to the many specialized departments supplied at these hospitals which are not available at those of a private character, and partly due perhaps to economic conditions. This increased use of public hospitals by people who cannot be classed among the destitute has brought the question of the extension of the present hospital system of New Zealand into a general community one before the general public and the medical profession recently.

At present in New Zealand the latest figures for 1928 are:

Number of persons treated	75,708
Proportion for 1000 of population	53.29
Beds available	7,849
Proportion per 1000 of population	5.52

2. LOCAL AUTHORITIES.

Local Government throughout New Zealand is exercised by a number of local authorities constituted under various Acts of Parliament. These Acts provide for the creation of districts over which the local authorities exercise jurisdiction. Different types of district are distinguishable, each type being identified with a specific function or group of functions. Geographically the Dominion is divided into 129 counties, which comprise its total area. Administratively, boroughs and independent town districts, which are contained within the areas of the several counties, are regarded as separate units. From an administrative point of view, therefore the fundamental districts are for urban communities divided into cities, and town boards, and the rural areas into counties and road boards. The largest of these bodies are represented by four cities, and apart from these the populations are too small to permit of complete local government in health matters. For this reason the Medical Officers of the Health Department stationed in the various large Health Districts act as advisers of the local bodies although not actually their officers and thus these bodies are saved the expense of appointing their own Medical Officer of Health. In certain emergencies the Government Medical Officers, when authorized by the Minister or the Board of Health, may act on behalf and at the expense of the local authorities. In very special circumstances the Governor-General may direct that the Department of Health take over from a local authority all its sanitary duties and powers and administer the district at the expense of that local authority.

In regard to sanitary inspection, although the local authorities are compelled to appoint an adequate staff of trained inspectors, they may as an alternative contribute to the cost of a Departmental inspector who will then act for the time being as the officer of the local authorities. This system has been adopted very widely by the rural and the smaller urban authorities where, owing to sparsity of population, there is not enough sanitary work to occupy the full time of a local inspector. The Department therefore has a considerable number of sanitary inspectors whose time is chiefly occupied in administering sanitary duties for the local bodies.

The sanitary authorities are required to pass by-laws dealing with sanitation but they also have the option of adopting the model regulations prepared by the Department which can be brought into force in any sanitary areas as the Minister of Health may direct.

Sanitary Works. Include water supplies, drainage refuse, collection and disposal, public sanitary conveniences, mortuaries and so on. These have to be provided by the local governing bodies. To aid them in this their sanitary works come within the scope of the Public

Works Act which confers on local bodies certain powers as to borrowing money and various rights to acquire land and so on. The Board of Health has power to require local bodies to carry out necessary sanitary works. Penalties are provided against persons polluting water supplies or streams passing through towns. The Medical Officer of Health can prohibit the use of water supplies which are dangerous to health.

Nuisances. It is specifically the duty of local authorities to deal with nuisances—which include a list of conditions which are "dangerous to health and offensive," but it is permissible for the Medical Officer of Health or any other person to lay information concerning such conditions. Following on an order from a Magistrate if the owner of the premises does not abate this condition the local authority or M. O. H. may carry it out at the owner's expense.

Buildings. The Act makes the usual provision for adequate water supply, privy accommodation and disposal of waste water in regard to dwellings. Local sanitary authorities are empowered to deal with insanitary buildings.

Offensive Trades. A list of trades classed as offensive trades is gazetted. Before any of these or any cattle saleyard is established it is necessary to get the consent of both the local authority and the M. O. H.

By-laws. To enable local authorities to carry out their duties in regard to sanitation, they are given very wide powers as to the passing and enforcing of by-laws. These by-laws require to be submitted to the Department of Health, but it is not essential to get the approval of that Department. Such approval is not necessary since the Governor-General may frame regulations applying to any special district or any of the matters as to which a local authority may make sanitary by-laws, and such regulations override the by-laws.

C.

Organizations Controlled by Voluntary or Private Bodies With Government Supervision But No Subsidy.

1. PRIVATE HOSPITALS.

The Private Hospitals Act is now embodied in the Hospitals and Charitable Institutions Act, 1926, which provides for the licensing, management and inspection of private hospitals. All such institutions must be licensed and every application for a license must be accompanied by a statement giving full description of the house proposed to be used, number of patients and class of cases proposed to be received. The license shall state whether it is in respect of a lying-in private hospital or a surgical and medical private hospital, or if for both classes of cases, and no private hospital may be used for any purpose other than that in respect of which the license is granted and purposes reasonably incidental thereto.

For every private hospital there must be a resident manager either the licensee or some person appointed by the licensee and in every case the manager must be a legally qualified medical practitioner or a registered nurse in the case of a surgical and medical hospital, or a registered midwife in the case of a lying-in hospital or a registered nurse and midwife or a registered nurse having as resident assistant a registered midwife in the case of a hospital licensed for both purposes. No license may be granted in respect of a house not previously licensed until such house and annex buildings have been approved by the Director-General of Health and no addition may be made to any private hospital until it has been approved. No license may be granted until the character and fitness of the applicant have been proved satisfactory, and the license must be renewed on January first of each year.

In every private hospital there must be kept a register of patients showing particulars as to name, age, abode, date of reception of each patient, date when such patient left, and the event of death, the date thereof, name of medical practitioner attending, and such other details as may be prescribed. Inquiry may be made at any time as to the management and conduct of any such hospital and if such inquiry prove unsatisfactory the license may be revoked.

Private hospitals in New Zealand are of two distinct types; those managed as for public institutions of the like nature, a specially qualified medical practitioner and trained nurses with midwifery certificates being appointed for the purpose.

Private hospitals in New Zealand are of two distinct types: those managed by religious bodies such as the various orders of Roman Catholic Sisterhoods, Anglican Church sisterhood and Maternity Homes by the Salvation Army, and those managed and owned by private persons either medical practitioners or nurses. In no case are any of these hospitals Training Schools for Nurses as hospitals run for gain are not recognized as Training Schools under the Nurses and Midwives Registration Act of New Zealand. The total number of private hospitals licensed in the Dominion is 327, of which 63 are medical and surgical hospitals, 48 are medical, surgical and maternity institutions and 216 maternity institutions only.

2. INDUSTRIAL.

Under the Factories Act the health of workers in factories and their environment is under the observation and inspection of officers of the Labor Department in conjuction with the Medical Officers of Health.

In the same way under the Mining Act the health of miners and their environment is under the observation of officers of the Mines Department in conjunction with the M. O. H.

Several privately owned mines have medical associations among the miners and employ a resident medical practitioner who has right of private practice in addition to his salary. In the same way a few sawmills have interested the local hospital Board to employ a district nurse in their vicinity so as to attend to minor accidents and emergencies.

Two factories, Bryant May Bell & Co. and the W. D. & H. O. Wills Cigarette factory, each employ a trained nurse to attend to the health of their female workers. Industrial hygiene as far as trained medical and nursing staff is concerned is in its infancy in New Zealand partly owing to the fact that New Zealand's population is small and the country's industrial field is so far limited to the output of primary products.

E

Those Organizations Controlled and Financed by Voluntary Bodies With No Government Subsidy or Supervision.

1. RED CROSS SOCIETY IN NEW ZEALAND.

The activities of the Society in the Dominion are divided into two sections.

Section No. 1, dealing with wartime matters concerning the treatment and convalescence of ex-service men. During the war period, the society devoted its attention exclusively to the care of sick and wounded soldiers. Moneys were raised and forwarded through the British Red Cross Society, England, to be used for this purpose. Hospital ships were equipped and special comforts were furnished those transports on which our nurses and soldiers were returning, being no longer fit for active service. Every town throughout the dominion had its Red Cross committee working for the common cause, contributing in money and goods £1,348,876 at a cost of administration of 1¼ per cent. When hostilities ceased, and our forces began to return, military hospitals were established for those in need of further treatment. The society from its funds established Red Cross clubs and recreation rooms, that the hours of those convalescing might be made brighter. Further, it spent £20,000 in buildings and equipment to facilitate the training in vocational and occupational subjects of ex-service men whilst under treatment. Per this medium the men were enabled to turn their hours of convalescence to profitable use in preparation for their discharge into civil life. Many of the men as a result of their training were able to take up entirely new vocations on their discharge, their physical impairment resultant upon their war service, having precluded their re-entry into their pre-war vocations.

Instructional classes, which embraced woodwork, carpentry, architecture, engineering, accountancy, beekeeping, poultry raising, leather and basket work, agriculture, bootmaking, etc., were in charge of qualified teachers, who produced wonderful results and made no mean contribution to the solving of the problem of rehabilitating of the soldier. Whilst under treatment the men were regularly visited at the respective institutions, comforts in the form of tobacco, cigarettes, fruit, cakes were distributed. Concerts, entertainments and picnic outings were promoted. Cinema performances are carried out twice weekly, and everything done in enhancing the comfort and welfare of the patients. As is to be expected,

the volume of this work has diminished in comparison with that of the earlier post war period, but there yet remains much to engage the society's attention, there being even today approximately 3,000 soldiers in hospital. On the comfort of these cases we are spending nearly £9,000 per annum, according to the latest available figures.

Wherever the men are being treated, there the service of the Red Cross is felt. From our funds we have purchased properties in Auckland, Wellington and Dunedin, and converted them into convalescent homes at which ex-service men suffering more or less permanent disability are being cared for. These homes are maintained by us, and on an average there are twenty-five cases being treated in each of them. The staff of each comprises one matron, four nurses, three hospital aids, one cook, one orderly and two charwomen. Apart from the maintenance of the patients, we are spending £2,000 per annum on the comfort of the men. The staff of the homes is selected from nurses and V. A. D.'s who had war service.

The foregoing work is financed from moneys raised by voluntary effort during the war period by members of the society. The response made to appeals on the part of the people of New Zealand at that period was most generous, and is sufficient to enable us to continue our work on the present scale for another ten to fifteen years. This then, briefly, is a resume of the work which in the past has been and is being carried on, on behalf of the sick and wounded soldiers.

Section No. 2. *Peacetime Work.* Recognizing the importance of continuing in peace what has been achieved by the Red Cross in war, we embarked upon peacetime work. In 1919 the New Zealand branch of the British Red Cross Society affiliated with the League of Red Cross Societies, now embracing 54 nations. In common with these societies, briefly our programme is:

a. Improvement of health.
b. The prevention of disease.
c. The mitigation of suffering throughout the world.

That there is a tremendous field of work circumscribed by these three objects, in every country there can be no gainsaying.

For our peacetime work we are dependent upon membership subscriptions, donations, entertainments, bazaars, and various other ways of raising money. The work we are doing in various parts of the dominion, is briefly as follows:

1. Instruction in home nursing, first aid, hygiene and sanitation.

Approximately 2000 per annum securing certificates of proficiency in these subjects, members showing a healthy expansion year by year. This work is in charge of qualified nurses, of whom there are at present six in our employ. Two holding their diplomas from International Red Cross Nursing at Bedford College, London. These nurses are operating in Wellington, Canterbury, Otago and Taranaki. Coöperating with the nurses are committees who visit such cases as are in need of relief, distributing food, clothing and like comforts.

2. *Voluntary Aid Detachments.* From those qualifying at our classes detachments for voluntary service are formed. The personnel of these detachments with their training constitute a valuable auxiliary to the state health department in times of epidemic, or national emergency. These ladies also visit business girls in the city, living away from home, who are sick, take a book or flowers to them, and befriend them in any way possible.

3. *Ladies Auxiliaries.* We have these auxiliaries who meet regularly to collect, renovate and repair clothing among families in indigent circumstances. These ladies are also ready for any emergency. To estimate the volume of work which these ladies do, is a very difficult matter.

4. *Unemployment Relief.* We have special committees attending to this work. Their function is to deal with those cases who through sickness or physical impairment are handicapped in the economic struggle, bringing them into contact with firms and private individuals having light work to offer.

5. *Civilian Blind.* The society acts in an advisory capacity to the Jubilee Institute on behalf of the civilian blind. Cases are registered and contact is maintained with them. They are assisted in many ways, socials and picnic outings are promoted for the blind at regular intervals. Wireless sets have been purchased and installed.

6. *Health Lectures.* These are carried out by members of the B. M. A., other professional men and women coöperating. No charge is made for admission, the lectures are well attended and are always fully reported in the press so that many thousands are reached who do not attend. The object of these lectures is to quicken a keener hygienic conscience in the public.

7. *Medical Comforts.* Sick room equipment, invalid chairs, etc., and other medical comforts are kept on hand, and loaned out at a small fee, or free to special cases in need.

8. *Hospital Cafeteria.* In Wellington we have established a cafeteria at the general hospital. Ladies attend to this service voluntarily, which comprises serving refreshments to outpatients and others attending for treatment. A small charge is made to those able to pay. Profits from this venture are devoted to promoting the welfare of the patients at the hospital. The society stocks, staffs and runs the cafeteria.

The foregoing is but a brief epitome of the wide field of social service carried on by the Red Cross in New Zealand. There are no set rules or regulations laid down, it being considered expedient to accord a flexibility which will permit respective centres to develop a programme which will conform to local needs. We preserve a sympathetic and helpful attitude toward all organizations concerned with humanitarian objects and ideals, coöperating with them whenever and wherever possible. The Red Cross is non-governmental, non-political and non-sectarian, ministering unto all, irrespective of class, color or creed.

F.

HEALTH INSURANCE.

Health insurance in New Zealand is not a national policy as in Great Britain, but there are various means by which individuals in the country may make provisions for themselves and their families in times of sickness. These may be grouped under the following headings:

1. *The National Provident Fund.* This fund was established by Act in 1910 and is administered by a board composed of the minister of finance as chairman and four members appointed by the Governor-General, one of whom is the superintendent of the fund.

This system is open to any person between the ages of 16 and 50 years residing in New Zealand whose average income during the three years prior to joining has not exceeded £300 per annum.

There is no medical examination on entry, and the method of joining is extremely simple, the applicant having merely to fill in a form at a postal money order office, a local office of the fund, and pay a first weekly contribution.

a. Maternity benefit of £6 already referred to under the heading of maternal welfare.

b. After contributing for five years an allowance, after three months' incapacity to work, of 7/6 per week for each child of a contributor under 14 years of age is payable independent of any allowances due from friendly societies. No contributions payable while in receipt of incapacity allowance.

c. After contributing for five years an allowance on the death of a contributor of 7/6 per week for each child under 14 years of age and 7/6 per week for the widow so long as any child is under 14 years of age.

d. On reaching the age of 60 a pension of 10, 20, 30 and 40 shillings per week according to the scale of contribution. The receipt of a pension under the national provident fund Act does not affect a person's claim to the old age pension under the pensions act. During 1927 maternity allowances aggregating £43,526 were paid out in addition to £8,610 by way of allowances to widows and children; £7,952 by way of refund of contributions on account of death, £17,619 on retirement and £2,941 in respect of incapacity.

2. *Friendly Societies.* Legislation dealing with friendly societies is contained in the friendly societies act. Provision is made for the registration of all societies and branches with a central government officer entitled the registrar of friendly societies, and also for the general oversight by the government of the administration of the funds of the societies.

At the end of 1927 there were 1,015 lodges, courts, etc., registered as friendly societies with a membership of nearly 100,000.

Benefits are allowed for sickness, funeral expenses and orphans, the total funds held at this period being £3,526,717. Membership contributions averaged £1.16.10 per member and sickness benefits paid averaged £6.13.8 per member sick or £1.5.10 when averaged over all members, while funeral benefits represented 6/11 per member.

3. *Private Insurance Companies.* Several insurance companies carry a sick benefit for policyholders and two companies operating in New Zealand supply a district nursing service in addition.

G.

VITAL STATISTICS.

(See New Zealand Year Book.)